



Advice for Mainstream Schools:

Managing the pandemic (H1N1) 2009 influenza (swine flu) virus

Background

The pandemic influenza (H1N1) 2009 virus is now established within the community and is expected to be the predominant influenza virus circulating over the forthcoming influenza season. Worldwide, the virus has remained stable and remains relatively mild for most people. Revised Department of Health (DH) planning guidance on swine flu, issued 21 October 2009, shows attack rates in children remain higher than would be expected for seasonal flu and it is important that schools continue to follow the advice issued by Department for Children, Schools and Families (DCSF) in August. This can be found at www.teachernet.gov.uk/educationoverview/flupandemic/

Although the virus is mild for most people, HPA advice is that adults and children who are in the groups being targeted for the first wave of vaccinations should come forward for vaccination when asked by their general practitioner. This includes children and young people with respiratory conditions. Emerging evidence suggests that those with chronic neurological conditions such as cerebral palsy are at greater risk of more serious illness from the pandemic virus than the general population. This note updates mainstream schools on the steps schools can take to ensure staff and parents have any information they might need. A separate note has been prepared in parallel for special schools, some of which are likely to have a higher proportion of children among those at greater risk.

General principles

General practitioners will be contacting adults and parents of children in the priority at-risk groups, starting next week, inviting them to come in for vaccination. This note gives more information on why the HPA are strongly encouraging such adults and children to get vaccinated with the seasonal and pandemic flu vaccines. The key principles, explained in more detail later in this note, are:

- Pupils or staff with symptoms consistent with flu should stay at home.

- As most cases of swine flu are mild, the advice remains that schools should not close automatically because pupils have swine flu and HPA will not routinely be recommending closure.
- However, if there are 20% or more of the school population reporting flu-like symptoms or the school has to close for operational reasons, schools may wish to contact their local Health Protection Unit.
- Early treatment and prophylaxis of certain contacts (pupils with serious underlying conditions) with antivirals continues to be recommended.
- Isolation of pupils at home (unless ill) continues not to be recommended.

Influenza immunisation

The H1N1 vaccination is now becoming available and general practitioners will be contacting adults and parents of children who have been identified as being priority groups for vaccination for example people with respiratory conditions, diabetes and chronic neurological conditions. More advice is available at http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/@dh/@en/documents/digitalasset/dh_107408.pdf

There is emerging evidence that children and adults with certain chronic neurological conditions, including cerebral palsy, are at greater risk of hospitalisation and complications. Even if they do not themselves have a medical condition that would make them eligible, the household contacts of children with immuno-suppression are also eligible for immunisation in order to create a ring of protected individuals around the children. The household contacts – generally parents or carers and siblings – should be offered vaccine by their general practitioners at the same time as the child.

Symptomatic pupils and staff

Children, staff and visitors with flu-like symptoms should not attend the school so that the chances of spread to other children and staff are minimised. Children who develop symptoms at the school should be isolated until arrangements can be made



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to take them home. Staff who become ill at work should go home until they are symptom-free in accordance with their employer's policy.

If the staff or pupils have been ill while at school then consideration should be given to offering prophylaxis to their close contacts with serious underlying medical conditions – more details are given below. In the event of a single case of influenza-like illness where there has been a significant exposure, the clinician may wish to consult the Health Protection Unit to discuss urgent virological investigation and prophylaxis.

Outbreaks

The risk of serious disease in pupils with certain conditions is higher than in the general population. If you have pupils with such conditions, you may wish to contact your local Health Protection Unit if you have an outbreak in your school.

Enhanced hygiene measures including hand hygiene, respiratory hygiene and frequent cleaning of hard surfaces will reduce the risk of influenza transmission.

Information on the control measures being taken should be given to parents and carers. Parents and carers should be encouraged to look out for the early signs of influenza-like illness in children and staff as timely isolation can reduce the exposure of other children to influenza virus.

Post-exposure prophylaxis

The impact of pandemic influenza in children with neurological conditions and complex needs is considered to be much greater than in the general population of children. For example, over 20% of children with confirmed swine flu and a chronic neurological condition required hospital treatment in the first wave of swine flu. The prevalence of a chronic neurological condition in people with confirmed H1N1 who died was forty times higher than those with no risk factors. Any risk assessment should reflect the poorer outcomes of swine flu in this group in deciding the control measures required.

It is recommended that antiviral prophylaxis is offered to children who are close contacts of cases and who have a serious underlying illness – the Department of Health guidelines http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_107133 on antiviral prophylaxis include people with “*severe neurodegenerative diseases, or severe neurodisability, predisposing aspiration and failure to clear respiratory secretions*”. This includes cerebral palsy but will need to be determined clinically. It is believed that antiviral prophylaxis could prevent influenza in around 80% of children if given within 48 hours following exposure.

In general, the protection offered by antiviral prophylaxis is at the individual level rather than attempting to reduce the risk of transmission in the community. The risks and benefits for an individual child must be carefully assessed by the clinician in consultation with the child's parents after careful explanation of the pertinent information.

School closures

Now that the virus is circulating widely in the community, closing schools when there is an outbreak of influenza will generally do little or nothing to slow down the spread of the virus, so we would not advise schools to close. However, some schools may have to close for operational reasons such as illness amongst staff causing unsafe staffing levels.

Isolation at home as a preventive measure

Keeping children without symptoms of influenza like illness away from school during an outbreak should not be necessary under most circumstances.