

The H1N1 Virus

I. Historical Information

The H1N1 virus was originally referred to as “swine flu” because laboratory testing showed that many of the genes in this new virus were very similar to influenza viruses that normally occur in pigs in North America. Further study has shown that this new virus is very different from what normally circulates in North American pigs.

- April 24, 2009: the Centers for Disease Control and Prevention¹ reported on two cases of Influenza of Swine Origin, in children, in Southern California. The identification of those two cases began the current epidemic of this Novel influenza virus in the United States.
- April 28, 2009, Connecticut identified its first probable (later confirmed) case.
- June of 2009: the World Health Organization (WHO) declared an H1N1 Pandemic phase 6. The pandemic phase 6 is characterized by community level outbreaks in at least one other country in a different WHO region.

2. Descriptive Information

Symptoms:

The symptoms of H1N1 flu virus in people 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 this virus also have reported diarrhea and vomiting. Also, like seasonal flu, severe illness and death has occurred as a result of infection associated with this virus.

Contagious Factors:

Spread of novel H1N1 virus is thought to be happening in the same way that seasonal flu spreads. Flu viruses are spread mainly from person to person through coughing or sneezing by people with influenza. Sometimes people may become infected by touching something with flu viruses on it and then touching their mouth or nose. With seasonal flu, studies have shown that people may be contagious from one day before they develop symptoms to up to 7 days after they get sick. Children, especially younger children, might potentially be contagious for longer periods.

3. Interventions to Prohibit the Spread of the H1N1 Virus

Social Distancing

Guidelines issued by the CDC (February 2007) include social distancing strategies to reduce contact between people. Implementation of any of the social distancing strategies alone may

be of limited use, especially closing schools and allowing children to congregate in other settings.

These social distancing strategies may include:

- Closing schools
- Canceling public gatherings
- Planning for liberal work leave policies
- Telecommuting work strategies
- Voluntary isolation of cases
- Voluntary quarantine of household contacts

Monitoring Illness in Schools

Early identification of influenza outbreaks can be assessed by school personnel to limit the spread of H1N1. For H1N1, this would include the identification of Influenza-Like Illness (ILI) in students and staff.

East Haddam Schools will:

1. Collect and reporting the number of children (and staff) who report to the health office, including the reason for the visit.
2. Monitor those At-Risk

The following groups are known to be high- risk for complications or known to be at-risk for spreading illness to those that might experience complications:

- Pregnant women
- People 65 years of age and older
- People of any age with certain chronic medical conditions such as diabetes, heart disease or pulmonary disease, including asthma
- Health care workers
- Household contacts of persons at high-risk for complications from the flu
- Household contacts and out of home caregivers of children less than 6 months of age (these children are too young to be vaccinated).

4. Additional Interventions

There are some hygiene-specific measures that can be employed to help stop the spread of H1N1 including:

- Covering your nose and mouth when you cough or sneeze
- Frequent Hand Washing with soap and water with alcohol-based hand sanitizer
- Avoid touching your eyes, nose or mouth
- Avoid close contact with sick people.
- Keeping sick children and staff at home

Isolation

Isolate students, faculty and staff who appear to have an Influenza-Like Illness at arrival to school or become ill during the day promptly in a room separate from other students

and staff. Those ill students and staff should be sent home as outlined in the school district policy.

Cleaning and Disinfecting Surfaces

Studies have shown that influenza virus can survive on environmental surfaces and can infect a person for up to 2-8 hours after being deposited on the surface. By the time students and staff come to the school in the morning, any influenza virus on surfaces from the day before would no longer be capable of infecting a person touching those surfaces. Routinely used disinfectants are effective in inactivating the virus.

Good News?

1. The CDC has recently projected that there will be enough H1N1 vaccine to administer it to all risk groups this fall.
2. The current symptomatic overview of the H1N1 virus is that it remains as a relatively mild seasonal flu (*subject to change*).
3. The H1N1 vaccine is being distributed from the federal government to the states now so that towns may access and administer it by early October of 2009
4. The East Haddam School District, in conjunction with the Chatham Health Director (Thad King) and with the head of Emergency Management (Craig Mansfield) has a plan in place for a possible school-based H1N1 outbreak this fall/winter. Questions about the plan may be directed to Dr. Ellen Solek, Superintendent of Schools.