

9/21/09 (3)

Christine Joyce

From: Doug Halley
Sent: Friday, September 18, 2009 11:50 AM
To: Manager Department
Cc: Merrily Evdokimoff
Subject: Agenda item

Attached are materials related to the H1N1 update Merrily and I will provide for the Selectmen on Monday. We will be providing a summation of the current status of the H1N1 vaccination program and the other recommended measures for prevention and protection.

Wash your hands so you can stop germs



Use **soap** and
running water.



Rub your hands
back and forth.



Rinse with water.



Dry hands with
paper towel.

Your health is in ^{Clean} YOUR HANDS

HAND HYGIENE is the most effective way to prevent the spread of infectious diseases including respiratory illnesses such as:

SARS • INFLUENZA • COLDS • AND OTHERS

WASH WITH SOAP AND WATER

when hands are visibly soiled.

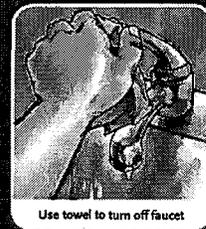
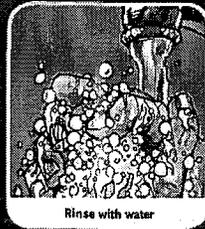
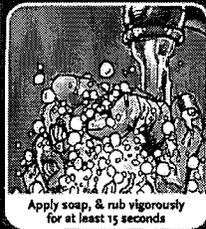
WASH WITH SOAP AND WATER OR WITH AN ALCOHOL-BASED HAND RUB OR GEL

when hands are not visibly soiled.

ALWAYS:

- Wear gloves when contact with blood, mucous membranes, or non-intact skin could occur.
- Remove gloves after caring for a patient. Do not wear the same gloves with more than one patient.
- Wash hands after removing gloves.
- Keep natural nail tips less than $\frac{1}{4}$ inch long; avoid artificial fingernails when caring for patients.

Visit www.cdc.gov/handhygiene for additional hand hygiene information.



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Draft CDC Guidance for School (K–12) Responses to Influenza for the 2009 – 2010 School Year



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➤ Recommended Interventions for 2009-2010 school year

- Respiratory Etiquette
 - Cover nose and mouth to cough or sneeze
 - Discard tissue after use
- Hand Hygiene
 - Students and staff should be encouraged to wash hands often – especially after coughing or sneezing
 - Time, facilities and materials should be provided for students to wash hands as needed
 - Alcohol-based hand cleaners are also effective
 - If not allowed, other hand sanitizers may be useful



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• **Recommended Interventions (Continued)**

- **Exclusion period**

- Individuals with ILI should remain home for at least 24 hours after they are free of fever or feverishness without the use of fever-reducing medications
- 3 to 5 day exclusion period in most cases
- Stay home until the end of this period and avoid contact with others
- Can shed virus for more than 24 hours after fever goes away
- Upon returning to school continue to follow
 - Hand hygiene
 - Respiratory etiquette



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▸ **Recommended Interventions (Continued)**

- **Exclusion (Continued)**

- Exclusion recommended regardless of antiviral drug use
- Decisions about extending period should be made at community level, in conjunction with local and state health officials
- Longer exclusion period may be appropriate for people returning to a setting with high-risk persons



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• **Recommended Interventions (Continued)**

- **Routine Cleaning**

- Viruses may spread when persons touch respiratory droplets on hard surfaces and objects then touch their mouth, nose, or eyes
- Not necessary to disinfect beyond routine cleaning
- Regularly clean areas and items likely to have frequent hand contact
- Clean when visibly soiled
- Use detergent-based cleaners or EPA-registered disinfectants.



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▸ **Recommended Interventions (Continued)**

- Designate isolation room for ill persons
 - Move students and staff with ILI symptoms to isolation room immediately until they can be sent home
 - Have them wear surgical masks when near others
 - Staff with limited interactions with students and other staff should be designated to care for ill persons
- Appropriate personal protective equipment for school nurses when caring for persons with ILI
- Suggest high-risk students and staff discuss antiviral post-exposure prophylaxis and early treatment with their health care provider



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- **Additional interventions based on increased severity and impact**
 - **Specific measures being defined**
 - Increased virulence
 - High rates of severe complications, hospitalizations, deaths
 - Pronounced surge in demand for healthcare services
 - **Feasibility and acceptability will vary across communities**
 - **Other than school dismissal, not scientifically evaluated in community settings**



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▼ **Additional interventions (Continued)**

- **Extended exclusion period**
 - Remain at home for at least 7 days. If still sick after 7 days, stay home until at least 24 hours after symptoms resolve.
- **Permit high risk students and staff to stay home**
 - Decide with health care provider
 - Decrease exposure in other ways
 - School and school board should consider ways to allow people to stay home
 - Schools should plan for continuing education for home-bound students



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➤ **Additional interventions (Continued)**

- Institute active fever and symptom screening
 - Sick students and staff should stay home
 - Ask all students about symptoms at beginning of day
 - Expanded illness definition
 - Be vigilant throughout the day
 - Students and staff who appear ill should be further screened by school nurse
- Home quarantine of well siblings
 - Remain home and monitored for at least 5 days from onset of illness in household member
 - Follow exclusion guidance for household members who becomes ill during this period



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▸ **Additional interventions (Continued)**

- Increase social distance within the school
 - Half day schedules
 - Outdoor classes
 - Rotating teacher between classrooms, rather than students
 - Postponing class trips that bring students together from multiple locations



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Additional interventions (Continued)

- School dismissal
 - Collaborative decision-making
 - Clearly state reason for dismissing students and type of dismissal being implemented
 - **Selective dismissal**
 - Based on population and outbreak characteristics of schools
 - Local decision
 - **Reactive dismissal**
 - Based on excessive absenteeism, illness at school, inability to maintain school functioning
 - May reduce burden on health care system
 - Local decision



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• **Additional interventions** (Continued)

- School dismissal (Continued)
 - **Pre-emptive dismissal**
 - Goal is to decrease spread of influenza virus or reduce demand on health care system
 - Use early and in conjunction with other community interventions
 - Consider mixing of students across schools and districts and work collaboratively
 - Length of dismissal will vary depending on type of dismissal, severity and extent of illness but should be at least seven days and regularly reassessed



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▸ **Additional interventions (Continued)**

- **School dismissal (Continued)**
 - Plan early to address possible secondary effects
 - Allow school staff continued use of school facilities
 - May allow teachers to develop and deliver lessons and materials
 - Continue to follow infection control practices
 - Report dismissals to CDC, the U.S. Department of Education, and your state health and education agencies at www.cdc.gov/FluSchoolDismissal



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➤ **Additional interventions (Continued)**

- Cancel school-based mass gatherings
 - Sporting events, performances
 - If held, strongly advise the ill and high risk persons to stay away and
 - Provide hand washing and hand sanitizer
 - Provide tissues
 - Provide medical assessment and onsite care
 - Provide alternative participation options and venues



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▼ Deciding on a Course of Action

- CDC recommends that schools act to decrease exposure by using the most appropriate combination of interventions, based on local information, and in close collaboration with local and state health officials
- CDC will monitor data trends and make recommendations
- States and communities can expect to see variability from national picture
- Should consider proactive use of more intensive interventions based on other parts of the country



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▸ **Deciding on a Course of Action** (Continued)

- Are the appropriate decision-makers and stakeholders involved?
 - Identify decision-makers
 - Identify stakeholders
 - Establish and maintain a process for regular input and collaboration on decisions and for sharing data



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▪ **Deciding on a Course of Action** (Continued)

- What is the epidemiology of the influenza virus in your community?
 - Determine extent of spread
 - What is your rate of outpatient visits for ILI?
 - What is the local hospitalization rate?
 - What percent of hospitalized patients need ICU admission?
 - How many deaths are occurring and among what groups?
 - What are absenteeism rates?
 - How many visits are being made to school health offices daily?
 - How many students being sent home from school ill?



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▸ **Deciding on a Course of Action** (Continued)

- Does your health care community have the capacity to manage the current outbreak?
 - How busy are local care providers and emergency departments?
 - Can they keep up with demand?
 - Do you have enough ICU space? Ventilators?
 - Do you have enough surge staff to provide care?
 - Do you have enough antiviral medications to treat exposed high risk persons?



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▼ **Deciding on a Course of Action** (Continued)

- What is your main goal?
 - Do you want to decrease the impact of the virus on:
 - Persons with high risk conditions?
 - All students and staff?
 - The entire community?
 - How do you weigh individual protection vs. community protection?
 - What role does the demand for health care services play on your decisions?



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▸ **Deciding on a Course of Action** (Continued)

- How feasible are the interventions under consideration?
 - What resources are available?
 - What resources are needed?
 - How long will it take to implement?
 - How long can it be sustained?
 - Are changes to legal authority or policy needed?
 - How feasible are these changes?
 - Can you communicate effectively with target audiences about the interventions?



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▸ **Deciding on a Course of Action** (Continued)

- How acceptable are the interventions you are considering?
 - How are public or media concerns affecting the community?
 - What can you do to empower personal responsibility and protective action?
 - What secondary effects can you expect from the interventions under consideration? Can these secondary effects be mitigated?
 - Will the community support the interventions? What can you do to increase buy-in?

Daily Report of CDC 2009 H1N1 Activities, September 17, 2009

This daily report summarizes key information about upcoming 2009 H1N1 guidance, publications, vaccine planning, media events, calls, Webcasts, and other resources available in the upcoming weeks.

Highlights in this issue include:

- CDC anticipates Project Areas will be able to place their first orders for the 2009 H1N1 vaccine on Wednesday, September 30, 2009.
- HHS document "H1N1 Flu: A Guide for Faith-based and Neighborhood Organizations" tentative release date is 9/22. A Companion Toolkit is also being produced.
- Webcast for Small Businesses on 2009 H1N1. Friday September 18, 2009. 1-2 PM broadcast live on www.flu.gov.

Upcoming Guidance, Publications, MMWRs

- HHS document "H1N1 Flu: A Guide for Faith-based and Neighborhood Organizations" tentative release date is 9/22. A Companion Toolkit is also being produced.
 - Three conference calls are planned to launch the guidance document and resources:
September 24th:
 - (1) State health emergency preparedness directors, state FEMA directors, liaisons from states to the WH Office of Faith-based and Neighborhood Partnerships, ASTHO, and FEMA
 - (2) NACCHO representatives and mayor and county commissioner faith-based liaisons
 - (3) Faith and community leaders/organizations from around the country
- 3 existing Maternal Health Guidance documents are currently going through revisions
 - Considerations for Pregnant Women who are More Likely to be Exposed to Novel H1N1 Flu at Work: Information for Women in Education, Child Care, and Health Care
 - What Pregnant Women Should Know About 2009 H1N1 Flu
 - Considerations Regarding H1N1 Virus in Obstetric Settings
- Interim Recommendations for the Use of Antiviral Medications in the Treatment and Prevention of Influenza for the 2009-2010 Season is currently in revision to clarify recommendations related to pediatric use of antiviral medications.
- Interim Guidance for Influenza Diagnostic Testing During the 2009-2010 Influenza Season is currently in development.
- The Spanish language version of the CDC tri-fold brochure "Take 3" To Fight Flu is now posted on the CDC website at <http://www.cdc.gov/flu/freeresources/print.htm>.
- Interim Guidance for Screening for Influenza by State and Local Health Departments, Hospitals, and Clinicians is currently in clearance. This document provides interim guidance for state and local health departments, hospitals, and clinicians participating in surveillance activities regarding which patients to evaluate for possible influenza virus infection. This updated guidance will replace Interim Guidance for Screening for Novel Influenza A (H1N1) (Swine Flu) by State and Local Health Departments, Hospitals, and Clinicians in Regions with Few or no Reported Cases of Novel Influenza A (H1N1) on the CDC 2009 H1N1 website dated May 1, 2009 11:15 PM ET.

Vaccine

- CDC anticipates Project Areas will be able to place their first orders for the 2009 H1N1 vaccine on Wednesday, September 30, 2009.
At that time, CDC expects up to 3 million doses of LAIV to be available. Some injectable vaccine in 15 microgram pre-filled syringes licensed for use in children age 4 years and up may also be available for ordering at that time.
During the first two weeks in October 2009, CDC anticipates Project Areas will be able to place orders for 15 microgram pre-filled syringes licensed for use in children age 4 and older, multidose vials, and as well as additional LAIV.
CDC anticipates additional information on vaccine amounts will be distributed to the Implementation Leads early next week.

- The U.S. Food and Drug Administration announced Tuesday, September 15th that it has approved four (4) vaccines against the 2009 H1N1 influenza virus. The vaccines will be distributed nationally after the initial lots become available, which is expected within the next four weeks.
<http://www.fda.gov/NewsEvents/Newsroom/PressAnnouncements/ucm182399.htm>
- PHER Phase II funds can be used for vaccine implementation and awardees can use PHER Phase II funds for executing contracts with vaccination providers.
- School-located vaccine (SLV) reference documents and consent forms are now posted on the CDC website at <http://www.cdc.gov/h1n1flu/vaccination/slv>. These documents provide information for planning and conducting school-located 2009 H1N1 influenza vaccination clinics that target school-aged children enrolled in school and potentially other groups in the community. Included among the resources are template letters to school officials and parents and template consent forms.
- Early reports from NIH indicate that 2009 H1N1 influenza vaccines are well tolerated and induce a strong immune response in most healthy adults when administered in a single unadjuvanted 15-microgram dose.
- CDC anticipates that LAIV (FluMist ®) will be available earliest in the vaccination campaign, followed by prefilled single dose syringes formulated for adults and older children -- it is anticipated that approximately 15 million doses of vaccine will be available in early October 2009 but exact delivery dates to McKesson are not yet known.
- Prefilled single dose syringes for infants and young children and multi-dose vials are expected to become available by mid to late October with a total of approximately 42 million doses available for distribution by the middle of October and a total of 73 million doses by the end of October, 2009.
- MedImmune (maker of LAIV) is requesting a waiver process bulk materiel in final dosage form. This effort is independent and separate from CDC's work with McKesson, and is being conducted by MedImmune.

Stakeholder Calls/Meetings/Webcasts/Resources

- **“Planning for 2009 H1N1 Influenza: A Preparedness Guide for Small Business”** was posted to the CDC Web site at <http://www.cdc.gov/H1N1flu/business/guidance/smallbiz.htm>. **Small businesses play a key role in protecting employees health and safety as well as limiting the impact to the economy and society during an influenza pandemic. Advance planning for pandemic influenza, a novel infectious disease that could occur in varying levels of severity, is critical. Companies that provide critical services, such as power and telecommunications, have a special responsibility to their community to plan for continued operations in a pandemic and should plan accordingly.**
- **Flu Gov Webcast for those who work in or own a small businesses. Friday September 18th, from 1-2 PM (EDT) to learn more about how to prevent or reduce the spread of the flu with experts from the U.S. Department of Homeland Security, Centers for Disease Control and Prevention, U.S Small Business Administration and the National Federation of Independent Businesses Legal Foundation. Hosted by the U.S. Department of Health and Human Services the discussion will be webcast live on www.flu.gov.**
- A research meeting will be hosted by CDC's Community Mitigation Task Force September 29-30, 2009 to: (1) describe research work done or research in-progress; and (2) develop thinking about research gaps in community mitigation measures (school closures, handwashing, etc). We particularly would like to invite interested participants from state and local health departments who can share their experience concerning gaps in our knowledge base concerning community-based mitigations via non-pharmaceutical interventions. Some funds are available for travel to Atlanta for this 2-day meeting. Please direct questions and/or participant recommendations to Dr. Richard Schieber, Deputy Community Measures Task Force at 404-663-0553 or at rbs4@cdc.gov.