



Northeast District Department of Health

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H1N1 INFLUENZA – SITUATION UPDATE – OCTOBER 29, 2009

Here is an update from the Northeast District Department of Health (NDDH) on H1N1 activity in northeastern Connecticut:

Clarification of H1N1 testing

- Many people are inquiring about tests to **confirm** H1N1 testing. Based on H1N1 activity around the world since April, 2009, health officials know that the **majority** of influenza like illness (ILI) circulating in our communities is the new 2009 H1N1 virus without having to test for it. However, there are two types of tests you may hear about:
- **RAPID TEST** – This is a nasal (nose) swab test that determines the presence of flu virus, which can be Type A or Type B. These test results are known to be somewhat **unreliable** as many people who test negative can still have the flu. Therefore, testing of most patients with ILI is generally not needed, but some physicians may still choose to perform one, especially if you have more severe symptoms.
- **REAL TIME-PCR (Polymerase Chain Reaction)** – This is the test that **CONFIRMS** H1N1 flu. Samples are tested at the Connecticut Department of Public Health laboratory or by private laboratories. Currently, the Department of Public Health laboratory will perform PCR testing only on the following cases:
 1. Hospitalized patients with ILI
 2. Health care workers with ILI and a negative rapid influenza A test. (Healthcare workers with a positive rapid influenza test should be assumed to be infected with the 2009 H1N1 virus.)

In either case, these test results are reported to the health care provider and a copy is sent to Northeast District Department of Health.

- The H1N1 flu is a “Type A” strain of virus and is the predominant strain of influenza currently circulating in the United States. Therefore, most people who visit a physician for ILI symptoms and receive a rapid test result that is positive for “Type A Influenza” are **assumed to probably have H1N1 flu without further testing.**
- It is possible that your doctor may say that you or your loved one “has H1N1 (or swine) flu” with just a Rapid test or without doing **any** testing. That is because there is a great degree of certainty (but not 100% guaranteed) that your flu symptoms are probably related to H1N1.
- **Whether or not you have had testing performed for your flu symptoms, the message does not change: If you are sick, please stay home. Keeping well people and sick people separated is the key to controlling the spread of illness.**

H1N1 Activity in Schools:

- NDDH is working in collaboration with all district schools. Since October 19th, NDDH has received reports of increases in absenteeism in many of our schools. Northeastern Connecticut has 41 public and private schools that account for over 16,000 students. Initial waves of H1N1 illness were first suspected in Brooklyn Elementary School and Plainfield Central School.
- At one point, **Brooklyn Elementary School** had 27 students absent out of 88 fourth-grade students (31% absenteeism). We do not know exactly how many students were absent with influenza like illness (ILI) or were absent for other reasons. There was some unintended confusion caused when a letter sent home by the school indicated that "To our knowledge, no student nor staff member has been identified with H1N1 (swine) flu," and a letter co-signed by the school and NDDH said "We believe that some individuals may be ill with the new 2009 H1N1 flu." Both statements were accurate based on the fact that confirmation testing (as explained above) had not been received in ANY of the suspected cases, but we were acting on the assumption that we had begun to see H1N1.
- On Friday, October 23, **Plainfield Central School** had 290 students absent out of a student population of 572 students (51% absenteeism). 233 students were absent due to ILI. By Tuesday, October 27, the absenteeism rate had dropped to 24%.
- Due to the suspected outbreaks in both **Brooklyn Elementary School and Plainfield Central School**, NDDH Interim Director of Health Patrick McCormack and Medical Advisor Dr. Douglas Waite received approval from the state laboratory to submit 5 specimens from each school for H1N1 confirmation testing. On Tuesday, October 27, NDDH received verbal confirmation that all 10 samples (5 from Brooklyn Elementary School and 5 from Plainfield Central School) had been confirmed positive for H1N1. This confirms what we presumed...that the majority of influenza circulating in our communities is probably H1N1. **This confirmation does not change guidance, messaging, treatment, or vaccination plans for priority groups.**

Why haven't we closed the schools when there is high absenteeism?

- The health department does not issue orders to close or dismiss a school. That decision is ultimately the responsibility of school leaders based on information and guidance received from a variety of planning partners including local public health (NDDH), CT Department of Public Health and CT Department of Education
- In most cases, at any given time, the amount of well students will outnumber the ill students. As long as the school and its programs can remain functional, it is recommended that education continues. While it may make for adjustments in curriculum and individual teaching plans, well students should still be provided with the opportunity to learn and participate in school-based activities and programs.
- When education continues despite the incidence of a respiratory illness or communicable disease outbreak, parents of well students are still afforded a choice. While it is not recommended, they may choose to keep their well child home because they have the resources to do so. Reactive school dismissal does not afford choice and potentially creates hardship on 100% of the parent population.
- There are many factors involved in school dismissal or closure. Based on the experience and knowledge gained from communities that had large H1N1 outbreaks in spring 2009, we learned that the potential benefits of dismissing students from school are often outweighed by the negative consequences. For example:
 1. The only place that many school children receive their only meal of the day is at school
 2. Due to lack of resources and the financial impact of missing work, some parents leave young children home alone
 3. Healthcare workers who must stay home with well children may miss shifts. Their absenteeism impacts the community healthcare and medical treatment infrastructure at a time when their services are needed most

Why haven't we closed the schools when there is high absenteeism? - Continued

- In the case of extended waves of influenza, closing a school for 2-3 days does not guarantee that another episode of illness won't occur at another time and/or in another grade.
- Per state guidance, even with increased suspected H1N1 activity, NDDH is NOT recommending school closure or postponement or cancellation of school programs and events. This guidance may change depending on the severity of conditions.
- **We continue to remind parents that healthy children should be in school.** Keeping well children home disrupts their educational opportunities and does not necessarily guarantee that they won't get the flu from someone else – parents, siblings, etc. Flu season generally extends into April, so it may not be reasonable to keep a well child home for 6 months. **Every parent has the right to make an informed decision and do what they feel is best for their child.**
- **We continue to remind parents that sick children should be kept home.** While we understand the challenges in doing so, it is the best decision for your child's health. It also allows well children to attend school without the increased risk of contracting illness from their classmates. This is ultimately an element of trust between parents of well children and parents of ill children. **Please work together to maintain a healthy environment in our schools.**

Plans for School-based H1N1 Vaccination Clinics

- As soon as ample H1N1 vaccine supplies are received, NDDH will begin to conduct school-based H1N1 vaccination clinics. **This is a voluntary program. Your child will not be vaccinated without your consent.** Very soon, schools will begin to send home an explanatory letter and consent forms. We encourage you to have your child vaccinated. Once you receive it, please return the completed and signed consent forms to the school nurse as soon as possible.
- Children under the age of 10 will require 2 shots of H1N1 vaccine. Even if your child became ill and was told that they had H1N1 flu, if your child did not have confirmation testing for H1N1 as described on page 1, (and they probably did not) he or she should still be vaccinated. There is no additional risk in receiving vaccine after having the flu.
- We have been told that ample vaccine supplies will not be received until late November-early December. With that, the state is advising us to plan to continue school vaccination clinics well into the 1st quarter of 2010. We will post more info and school clinic schedules as the information becomes available.

Plans for Community-Based Clinics

- For the past two weeks, NDDH has placed orders for doses of H1N1 vaccine and has received very minimal supplies. While we are grateful to receive even a limited supply, this presents challenges in planning large-scale community clinics. Therefore, we are using these initial doses to work through the first round of priority populations.
- Vaccine is being produced by 5 different manufacturers and each makes a supply that is appropriate for different age groups. **The way shipments are being received, no vaccinators know what they are getting until they open the box of vaccine.** Therefore, if a clinic was planned for children ages 6 months to 4 years of age on a Friday and vaccine supplies that arrive on a Thursday are only for people age 18 and over, it creates tremendous scheduling problems.
- Our initial focus to vaccinate Emergency Services Personnel and School Nurses helps to keep our medical treatment infrastructure in place at a time when we are seeing high rates of illness.
- NDDH is also working through the list of other priority populations and is organizing smaller clinics in an attempt to get vaccine to high risk individuals. **We do not have the capacity or supplies at this time to conduct large scale clinics. We will post information when we expand into other priority groups.**

General Information

- **Due to limited supplies, H1N1 vaccine is to be distributed to high-risk priority groups first. These groups include: pregnant women; household/caregiver contacts of children younger than 6 months of age; health care workers and EMS personnel with direct patient contact; children ages 6 months to 4 years; and children ages 5-18 with chronic medical conditions such as asthma, kidney disease, lung disease, diabetes, etc.**
- **A “limited supply and high demand” situation requires enormous ethical decisions and social responsibility. The current supply shortage requires all vaccinators to establish priorities even within these stringent priority groups. Does a pregnant woman take priority over a 4 year old with asthma? Does a 16-year-old cancer patient get vaccine before an emergency room nurse? Does everyone matter? Yes. There are many difficult choices being made during these challenging times. Your patience and understanding are greatly appreciated.**
- 2009 H1N1 flu continues to present as a mild form of illness with most people recovering in a few days without the need for hospitalization, and in many cases, even without a doctor’s visit. It is, nonetheless, a serious illness and poses a significant health threat to individuals with underlying health conditions and compromised immune systems. We are advising people to use the same judgment with H1N1 flu as they do with seasonal flu.
- This current wave of illness, which began in northeastern Connecticut on October 19, 2009 is expected to last 6-8 weeks. A third wave of illness is anticipated in February/March.
- The NDDH H1N1 planning team and a cadre of volunteers are working to organize and implement our vaccination efforts. Contact us at 860-774-7350 if you would like to join our team of volunteers.
- To protect your own health, remember the basics: Wash your hands, cover your cough, stay home when sick, avoid others who are sick, don’t touch your eyes, nose, and mouth, and get vaccinated when ample supplies become available.
- NDDH will hold a presentation on H1N1 on Monday, November 16th at 6:30 p.m. at the Canterbury Public Library.
- Rumors spread faster than the flu. We urge you to turn to credible, reliable resources for your information. Please be socially responsible when sharing information. Take the time to check the facts. Visit our website at www.nddh.org or call us at 860-774-7350. See our update of October 22, 2009 to learn more about H1N1.

Challenging times reveal character.

Thank you for your patience and partnership as we work through this tremendous public health effort together as a community of care.