



**COUNTY OF ORANGE  
HEALTH CARE AGENCY**

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**PUBLIC HEALTH  
EPIDEMIOLOGY & ASSESSMENT**

Recommendations for Schools with Suspect or Confirmed Case(s) of Influenza or Increases in  
Influenza-like Illness

Recommendations may change if influenza becomes more severe or a novel strain is identified. Please check <http://ohealthinfo.com/phs/about/dcepi/epi/schools> for the most up-to-date recommendations for schools. If you have questions about these recommendations, have a significant proportion of high risk\* students/staff at your school, and/or have a special situation you need assistance with, please contact Orange County Epidemiology at 714-834-8180 for more information.

**I. REPORTING AND MONITORING**

- Individual cases of influenza or influenza-like illness at schools are not reportable.
- Use the following criteria to report:
  - At least 10% of average daily attendance is absent, OR
  - 20% of classroom or group ill with similar symptoms, with a minimum of 5 ill.*(Example of increase in absenteeism: Average daily attendance may already be calculated for your school. If not, you can approximate on your own for reporting increases. For school with 1,000 kids; if absenteeism is usually 15%, or 150 absent each day, baseline attendance would be 850 (1,000 minus 150). An additional 10% of 850, or 85 students, would need to be absent to meet this increase in absenteeism criteria).*
- Use the downloadable forms or on-line reporting website to report:  
<http://ohealthinfo.com/phs/about/dcepi/epi/schools>
  - Submit initial reports on-line, electronically to [epi@ochca.com](mailto:epi@ochca.com), or fax to 714-564-4050.
  - Submit weekly updates using the forms available on the same website.
- Notify Orange County Epidemiology immediately at 714-834-8180 of any hospitalized cases or deaths.

**II. IDENTIFYING ADDITIONAL CASES**

Early in influenza season, we will be requesting specimens on ill children or staff involved in outbreaks to determine the circulating influenza strains and/or the other viruses causing influenza-like illness in the community. Once the circulating strains have been established, specimens will no longer be needed and testing will not be provided by Public Health except for situations in which the symptoms, presentation, or severity is atypical.

If specimens are requested by Public Health:

- A letter will be provided for your students to take to their physician if they are seeking medical care. If any student or staff has seen a doctor, please let us know diagnosis made and if any specimens were taken.
- If healthcare staff is available on-site at your school, specimens can be obtained on ill students and staff who are being sent home. Obtain nasopharyngeal swab specimens from symptomatic students or staff for viral testing at Orange County Public Health Laboratory – kits and instructions can be delivered to you. Follow your usual parental consent procedures.

**III. DECREASING TRANSMISSION**

Schools should refer to the CDC “Guidance for School Administrators to Help Reduce the Spread of Seasonal Influenza in K-12 Schools.” See

[www.cdc.gov/flu/school/guidance.htm](http://www.cdc.gov/flu/school/guidance.htm) for full guidance. Key recommendations include:

- **Students, parents and staff should get a yearly flu vaccine.** Seasonal flu vaccination is recommended for everyone 6 months of age and older unless they have a specific contraindication to flu vaccine. Children less than 9 years of age may need two doses, spaced at least 4 weeks apart.
- **Reinforce routine use of “Cover your Cough” and hand hygiene practices with students and staff.** “Cover Your Cough” flyers are available at [www.cdc.gov/flu/protect/covercough.htm](http://www.cdc.gov/flu/protect/covercough.htm) (use flyers for community and public settings).
- **Students and staff should stay home when sick.** Persons with influenza-like illness should stay home for at least 24 hours after they no longer have fever (temperature  $\geq 100^{\circ}\text{F}$  ( $38^{\circ}\text{C}$ )), or signs of fever (chills, feeling very warm, flushed appearance, or sweating), without the use of fever-reducing medication. Persons with influenza-like illness who are at high risk\* of severe illness with influenza should ask their health care provider if they should get examined and/or receive antivirals.
- **Frequently touched items, surfaces and areas should be cleaned routinely each day.** Routine cleaning agents can be used.
- **Ill students and staff should be separated from others until they can be sent home.** Caregivers should be limited in number and should not be at high risk\* for severe illness if they get sick.

#### IV. NOTIFICATION OF PARENTS

Schools should follow their usual notification policies regarding communicable diseases. Public Health will not be recommending school dismissal as a general preventive measure for control of seasonal influenza; there is no additional specific action to take other than reinforcing the prevention measures outlined above. Selective school dismissal may be considered if the absenteeism is high enough that it interferes with the function of the school or if a large proportion of the students are at high risk\* for complications. A school may choose to notify parents in order to address rumors or to reinforce the preventive measures and remind persons at high risk of severe illness to contact their physician right away if they develop symptoms consistent with influenza. A template letter for parental notification is available at <http://ohealthinfo.com/phs/about/dcepi/epi/schools>.

\*Persons at increased risk for complications of influenza include:

- children younger than age 5 years, especially younger than age 2 years;
- persons 65 years of age and older;
- pregnant women;
- American Indians/Alaskan Natives
- persons < 19 years of age receiving long-term aspirin therapy;
- persons with the following conditions:
  - chronic lung (including asthma), heart (except high blood pressure), kidney, liver, blood, metabolic or endocrine disorders (including diabetes mellitus);
  - weakened immune systems (including that caused by medications, cancer or by human immunodeficiency virus);
  - any neurologic or neurodevelopmental condition (e.g., cognitive dysfunction, spinal cord injuries, seizure disorders, cerebral palsy, or other neuromuscular disorders) that can compromise respiratory function or the handling of respiratory secretions or that can increase the risk for aspiration;
  - morbid obesity [body mass index (BMI) of 40 or more]
- persons residing in chronic care facilities.