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**Illinois Department of Public Health
FAQs: Influenza-like Illness in Schools
Updated 9/16/2009**

Please note that many local health departments and school districts may have already established mechanisms for sharing and responding to absenteeism and ILI data. This document provide resource information regarding absenteeism and ILI data for school districts and local health departments that do not have such arrangements in place, or may wish to modify existing processes.

What is the importance of monitoring influenza-like illness (ILI) occurring among students while they are at school?

ILI defined as fever of ≥ 100 degrees F with cough and/or sore throat This is an important measure to follow, as occurrence of ILI while students are at school is a clear indication that the school is at risk of being a setting for transmission of influenza

How should data regarding ILI occurring during the school day be used?

Schools should coordinate their approach with local health departments. One strategy, which has been useful and sustainable in some schools, is as follows:

- If a school nurse sees five or more cases of ILI in one day, the school sends a letter to parents stressing the need to keep sick children home, for 24 hours after resolution of fever, without use of fever-reducing medications. (In addition, parents should be reminded not to dose children with antipyretics prior to attending school in order to suppress fever.)
- If a school experiences excessive influenza activity — defined as ≥ 5 percent of the student body (at least 10-15 students) being seen by a school nurse for ILI on a single day — a supervising school district nurse should visit the school to assess the situation. Besides shoring up the school's infection control efforts, the school district nurse supervisor should determine whether the school has students whose health conditions place them at high risk of influenza complications. If a school has a high concentration of medically vulnerable children, additional safety measures may be necessary. Schools should report situations with this level of activity to their local health department using the attached form, unless otherwise advised. (Some local health departments have established alternative reporting protocols with their school districts).

If utilized, this approach can be modified based on local conditions and circumstances.

Note: See attached 1) School Respiratory Illness Report Form; and 2) Daily ILI Surveillance Form (also available in spreadsheet format); and 3)Information for parents regarding children at risk for influenza complications, and recognizing signs of serious illness. This may be distributed/re-distributed as appropriate prior to, and during the influenza season.

What is the value of absenteeism monitoring in schools during the upcoming influenza season?

Absenteeism by itself is not a measure of influenza activity, and the value of this information may vary by school/school district. To determine the significance of an increase in absenteeism, calls to students' (or a sample of students') homes are typically necessary to determine the reason, as absenteeism may be due to numerous causes. As an alternative, consider collecting information about the reason for absenteeism when parents call to report their child will not be attending school.

If absenteeism monitoring is being performed, and there is an increase in absenteeism due to influenza-like-illness (ILI), how would schools use this information?

Absenteeism due to ILI is not necessarily an indication of a transmission risk at the school. In so far as a key objective for schools is to have ill students stay home, ILI absenteeism is an indicator that parents are adhering to recommendations about non-attendance for students with ILI.

If it is determined that during a number (e.g., 5) students from the same group (e.g., a single grade, classroom, athletic team, arts club etc.) are absent within a given time frame (e.g., 1 week) due to ILI, schools may choose to provide information to parents of other members of the group and .

Some schools may use detection of a general increase (e.g. 5-10% absenteeism due to ILI on a single day) as an indication to reinforce key messages with students, parents, and teachers—e.g., regarding hygiene and staying home when ill, information regarding children at increased risk for influenza complications, and when to seek medical care. Some local health departments and schools may choose to data about influenza like illness occurring locally (including near-by communities) to reinforce key messages. Other schools may choose to continually reinforce key messages with parents and students during the influenza season, even in the absence of increased ILI.

If absenteeism monitoring is being performed, and it is determined that numerous students are absent because of another problem (e.g., skin infections or rash), how would schools use this information?

Suspected outbreaks are reportable to the local health department.

Should schools rely on test results to manage influenza-like illness occurring in schools?

In general, it is prudent to assume that influenza, including H1N1 influenza, is circulating in Illinois communities, and not depend on individual test results as the basis for routine decision making in schools. Problematic aspects of relying upon, and/or waiting for, test results for decision making in a given situation include the following: 1) most individuals with influenza do not seek medical care and are not tested; 2) many physicians rely on rapid tests for decision-making, and these tests may produce false positive and false negative results; 3) turn-around time for influenza PCR test results may be several days.

What are lessons learned from schools that have had outbreaks of ILI?

- Do not require a doctor's note for return to school. This requirement overtaxes busy doctor's offices and emergency departments.
- Eliminate, or relax attendance awards when influenza is circulating, as this may have the unintended consequence of increasing transmission in schools.
- Communicate with parents, teachers, and staff. Aim to provide guidance that is consistent and sustainable. Be absolutely sure that parents are aware that they should seek medical attention for children with ILI who are at risk for severe illness (eg due to age or underlying medical conditions) and children that have signs of serious illness.

Is special environmental cleaning necessary if cases of influenza or ILI occur in a school?

School staff should routinely clean areas that students and staff touch often; cleaning should be performed with the cleaners typically used at the school. **Schools should regularly clean all areas and items that are more likely to have frequent hand contact** (for example, keyboards or desks) and also clean these areas immediately when visibly soiled. Use the cleaning agents that are usually used in these areas. CDC does not believe any additional disinfection of environmental surfaces beyond the recommended routine cleaning is required. See the [American Academy of Pediatrics' *Managing Infectious Diseases in Child Care and Schools: A Quick Reference Guide, 2nd Edition \(2009\)* for guidance on cleaning and sanitizing in schools.](#) The EPA provides a [list of EPA-registered products effective against influenza viruses](#) .