



Advice for Special Schools:

Managing the pandemic (H1N1) 2009 influenza (swine flu) virus

Background

The pandemic influenza (H1N1) 2009 virus is now established within the community and is expected to be the predominant influenza virus circulating over the forthcoming influenza season. Worldwide, the virus has remained stable and remains relatively mild for most people. Revised Department of Health (DH) planning guidance on swine flu, issued 21 October 2009, shows attack rates in children remain higher than would be expected for seasonal flu and it is important that schools continue to follow the advice issued by Department of Children School and Families (DCSF) in August. This can be found at

www.teachernet.gov.uk/educationoverview/flu/pandemic

Although the virus is mild for most people, HPA advice is that adults and children who are in the groups being targeted for the first wave of vaccinations should come forward for vaccination when asked by their general practitioner. This includes children and young people with respiratory conditions. Emerging evidence suggests that those with chronic neurological conditions such as cerebral palsy are at greater risk of more serious illness from the pandemic virus than the general population. This guidance updates special schools on the steps schools can take to ensure staff and parents have any information they might need. Separate guidance has been prepared in parallel for mainstream schools.

General principles

General practitioners will be contacting adults and parents of children in the priority at-risk groups, inviting them to come in for vaccination. This note gives schools more information on why the HPA is strongly encouraging such adults and children to be vaccinated with the seasonal and pandemic flu vaccines. The key principles, explained in more detail later in this note, are:

- Pupils or staff with symptoms consistent with flu should stay at home.
- As most cases of swine flu are mild, the advice

remains that schools should not close automatically because pupils have swine flu and the HPA will not routinely be recommending closure.

- However, we would ask special schools whose students have relevant medical conditions to report outbreaks of influenza-like illness as soon as possible to the local health protection unit (HPU). It is likely that the HPU will recommend that a limited number of swabs are taken to identify the pathogen. If schools are unsure whether their pupils' medical conditions are in this category, please contact the HPU.
- Early treatment and prophylaxis of certain contacts (pupils with serious underlying conditions) with antivirals continues to be recommended.
- Isolation of pupils at home (unless ill) continues not to be recommended.

Influenza immunisation

The H1N1 vaccination is now becoming available and general practitioners will be contacting adults and parents of children who have been identified as being priority groups for vaccination, for example, people with respiratory conditions, diabetes and chronic neurological conditions. More advice is available at

www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/@dh/@en/documents/digitalasset/dh_107408.pdf

There is emerging evidence that children and adults with certain chronic neurological conditions, including cerebral palsy, are at greater risk of hospitalisation and complications. Many children in some special schools will have conditions, including neurological conditions, for which influenza immunisation is recommended and their parents are being encouraged to have their children vaccinated with pandemic (swine) flu vaccine and seasonal flu vaccine. Even if they do not have a medical condition that would make them eligible, the household contacts of children with immunosuppression are also eligible for immunisation in order to create a ring of protected individuals



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around the children. The household contacts – generally parents or carers and siblings – should be offered vaccine by their general practitioners at the same time as the child.

The Department of Health recommends influenza immunisation for those providing direct health or personal care (including assistance with feeding and toileting) and therefore some staff may be eligible for both the seasonal and pandemic vaccine. School staff who believe that their job meets this definition should discuss it with their headteacher. Local authorities should be contacting local employers of relevant staff in due course, but headteachers may wish to contact the local authority children's services department to check the situation. Local authority adult social services are managing the immunisation of frontline social care workers, and children's services departments will work with them to ensure coverage of relevant children's services.

Symptomatic pupils and staff

Children, staff and visitors with influenza-like illness should not attend school so that the chances of spread to other children and staff are minimised. Children who develop symptoms at school should be isolated until arrangements can be made to take them home. Staff who become ill at work should go home until they are symptom-free in accordance with their employer's policy. If the staff or pupils have been ill while at school then consideration should be given to offering prophylaxis to their close contacts with serious underlying medical conditions – more details are given below. In the event of a single case of influenza-like illness where there has been a significant exposure, the clinician may wish to consult the local HPU to discuss urgent virological investigation and prophylaxis.

Outbreaks

The risk of serious disease in pupils with certain conditions is higher than in the general population.

In addition, transmission in a special school may be higher than in a mainstream school given the level of dependency of the children and the personal care offered.

If there is a child or staff member with influenza-like illness in a special school, the head teacher or school nurse should inform the HPU, which will be able to perform a risk assessment and recommend the appropriate action to be taken to reduce the risk from pandemic flu. The risk assessment will include the geographical layout of the school, numbers of children and staff, the level of interaction between children and with staff, how long the symptomatic cases were in the school, evidence of transmission within the school community, as well as the dependency level of the children.

It is recommended that combined nose and throat swabs are collected on a limited number of symptomatic children or staff as early as possible for accurate virological diagnosis. Confirmation of the causative organism will inform decisions about the necessary control measures. Testing should be carried out as soon as is feasible and arrangements may need to be made with regional HPA laboratories for specimens to be processed urgently. Offering early antiviral treatment to children in a special needs school with influenza-like illness is recommended while awaiting virology results.

Enhanced hygiene measures including hand hygiene, respiratory hygiene and frequent cleaning of hard surfaces will reduce the risk of influenza transmission.

Information on the control measures being taken should be given to parents and carers. Parents and carers should be encouraged to look out for the early signs of influenza-like illness in children as timely isolation can reduce the exposure of other children to influenza virus.

Post-exposure prophylaxis

The impact of pandemic influenza in children with neurological conditions and complex needs is considered to be much greater than in the general population of children. For example, over 20% of



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children with confirmed swine flu and a chronic neurological condition required hospital treatment in the first wave of swine flu. The prevalence of a chronic neurological condition in people with confirmed H1N1 who died was 40 times higher than those with no risk factors. Any risk assessment should reflect the poorer outcomes of swine flu in this group in deciding the control measures required. It is recommended that antiviral prophylaxis is offered to children who are close contacts of cases and who have a serious underlying illness. The Department of Health guidelines on antiviral prophylaxis include people with '*severe neurodegenerative diseases, or severe neurodisability, predisposing aspiration and failure to clear respiratory secretions*'. This includes cerebral palsy but will need to be determined clinically. It is believed that antiviral prophylaxis could prevent influenza in around 80% of children if given within 48 hours following exposure. The guidelines may be accessed at www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_107133

In general, the protection offered by antiviral prophylaxis is at the individual level rather than attempting to reduce the risk of transmission in the community. During the course of an outbreak repeated exposures and further courses of prophylaxis could be required. The risks and benefits of further courses of antiviral drugs for an individual child must be carefully assessed by the clinician in consultation with the child's parents after careful explanation of the pertinent information.

School closures

Now that the virus is circulating widely in the community, closing schools when there is an outbreak of influenza will generally do little or nothing to slow down the spread of the virus, so we would not advise schools to close. This may differ in certain special schools, and the HPU would advise on this after its risk assessment. However, some schools may have to close for operational reasons such as illness among staff causing unsafe staffing levels.

Isolation at home as a preventive measure

Many children in special schools – possibly all in some schools – are likely to be prioritised for swine flu and seasonal flu immunisation and would therefore have a degree of protection to both the seasonal and pandemic virus. In addition, in an outbreak it is likely that the risk assessment would recommend general infection control measures and post-exposure prophylaxis with antiviral medicines where appropriate. Keeping children without symptoms of influenza-like illness away from school during an outbreak should not be necessary under most circumstances.