

Guidance for School Administrators to Help Reduce the Spread of Seasonal Influenza in K-12 Schools (CDC 2016)

This document from the Centers for Disease Control and Prevention (CDC), an agency of the U.S. Department of Health and Human Services, provides guidance to help reduce the spread of seasonal influenza (flu) among students and staff in K-12 schools. Recommendations are based on CDC's current knowledge of flu in the United States. CDC will continue to monitor flu activity and update this guidance as needed.

For the purpose of this guidance, "schools" will refer to both public and private institutions providing grades K-12 education to children and adolescents in group settings.

For the purpose of this guidance, "schools" will refer to both public and private institutions providing grades K-12 education to children and adolescents in group settings.

[Supplemental Interim Guidance for School Administrators Associated with Possible Outbreaks of H3N2 Variant Influenza Virus \("H3N2v"\)](#)

Background

Flu seasons are unpredictable in a number of ways. Although widespread flu activity occurs every year, the timing, severity, and duration of it depend on many factors, including which flu viruses are spreading, the number of people who are susceptible to the circulating flu viruses, and how similar vaccine viruses are to the flu viruses that are causing illness. The timing of flu can vary from season to season. In the United States, seasonal flu activity most commonly peaks between December and March, but flu viruses can cause illness from early October to late May. Flu viruses are thought to spread mainly from person to person through coughs and sneezes of infected people. Less often, a person also might get the flu by touching a surface or object that has flu virus on it and then touching their own mouth, eyes, or nose.

Many respiratory infections spread from person to person and cause symptoms similar to those of flu. Therefore, the nonpharmaceutical recommendations in this document might help reduce the spread of not only flu, but also [respiratory syncytial virus \(RSV\)](#), rhinovirus, [enterovirus D68](#) and other viruses and bacteria that can cause illness.

Each day, about 55 million students and 7 million staff attend the more than 130,000 public and private schools in the United States. By implementing the recommendations in this document, schools can help protect one-fifth of the country's population from flu. Collaboration is essential. CDC, the U.S. Department of Education, state/local public health and education agencies, schools, staff, students, families, businesses, and communities should work together to reduce the spread of flu and other respiratory infections.

See [Current Flu Season Information](#) and [Key Facts about Influenza \(Flu\) and Flu Vaccine](#).

High-Risk Groups

People of all ages get sick with flu. School-aged children are a group with a high rate of flu illness.

Vaccination to prevent influenza is particularly important for people who are at high risk of serious complications from influenza. See [People at High Risk of Developing Flu-Related Complications](#) for a full list of age and health factors that confer increased risk.

See [People at High Risk of Developing Flu-Related Complications](#).

Symptoms and Emergency Warning Signs

The symptoms of flu can include:

- Fever (although not everyone with flu has a fever)
- Cough
- Sore throat
- Runny or stuffy nose
- Body aches
- Headache
- Chills
- Tiredness
- Sometimes diarrhea and vomiting

Emergency warning signs that indicate a person should get medical care right away include:

- In children:
 - Fast breathing or trouble breathing
 - Bluish skin color
 - Not drinking enough fluids
 - Not waking up or not interacting
 - Being so irritable that the child does not want to be held
 - Flu-like symptoms that improve but then return with fever and worse cough
 - Fever with rash
- In addition to the signs above, get medical help right away for any infant who has any of these signs:
 - Being unable to eat
 - Has trouble breathing
 - Has no tears when crying
 - Has significantly fewer wet diapers than normal
- In adults:
 - Difficulty breathing or shortness of breath
 - Pain or pressure in the chest or abdomen
 - Sudden dizziness
 - Confusion
 - Severe or persistent vomiting
 - Flu-like symptoms that improve but then return with fever and worse cough

See [The Flu: What to Do If You Get Sick](#).

Recommendations

Below are recommendations to help reduce the spread of flu in schools.

- **Encourage students, parents, and staff to get a yearly flu vaccine.**
 - Teach students, parents, and staff that the single best way to protect against the flu is to get vaccinated each flu season. See [Key Facts About Seasonal Flu Vaccine](#).

- Seasonal flu vaccination is recommended for everyone 6 months of age and older unless they have a specific contraindication to flu vaccine. See Vaccination: [Who Should Do It, Who Should Not, and Who Should Take Precautions](#). The seasonal flu vaccine protects against three or four influenza viruses that research indicates will be most common during the upcoming season. The vaccine viruses are reviewed each year and changed as needed based on international surveillance and scientists' estimations about which viruses will predominate during the upcoming season.
- A number of different manufacturers produce trivalent (three component) influenza vaccines for the U.S. market. Some seasonal flu vaccines will be formulated to protect against four flu viruses (quadrivalent flu vaccines). See [Key Facts About Seasonal Flu Vaccine](#) and [How Flu Vaccines Are Made](#) for more information.
- Flu vaccines have a very good safety record. Over the years, hundreds of millions of Americans have received seasonal flu vaccines. The most common side effects following flu vaccinations are mild, such as soreness, redness, tenderness, or swelling where the shot was given. See and .
- Flu vaccination efforts should begin by the end of October, if possible. However, as long as flu viruses are circulating, vaccination should continue to be offered throughout the flu season, even in January or later.
- Consider offering seasonal flu vaccination to students at school. School vaccination clinics, which are often led by local public health department staff in partnership with schools, are an option for vaccinating school-aged children against flu. Vaccination of other groups (e.g., staff, home-schooled students, students attending nearby schools, family members, and other community members) may also be considered. Contact your local public health department for more information. See [Influenza School-Located Vaccination \(SLV\): Information for Planners](#).

See [Preventing Seasonal Flu with Vaccination](#).

- **Encourage students, parents, and staff to take everyday preventive actions to stop the spread of germs.**
 - Encourage students and staff to stay home when sick.
 - Teach students, parents, and staff the importance of staying home when sick until at least 24 hours after they no longer have a fever* or signs of a fever (chills, feeling very warm, flushed appearance, or sweating) without the use of fever-reducing medicine.
 - Review school policies, and consider revising those that make it difficult for students and staff to stay home when sick or when caring for others who are sick.
 - Implement flexible sick leave policies for students and staff.
 - Avoid the use of perfect attendance awards.
 - Cross-train staff so that others can cover for co-workers who need to stay home.
 - Encourage respiratory etiquette among students and staff through education and the provision of supplies. See [Cover Your Cough](#).
 - Teach students and staff to cover coughs and sneezes with a tissue or their bent arm. If they use a tissue, they should put the used tissue in a trash can and wash their hands.
 - Provide adequate supplies within easy reach, including tissues and no-touch trash cans.
 - Encourage hand hygiene among students and staff through education, scheduled time for handwashing, and the provision of supplies. See [Handwashing: Clean Hands Save Lives](#).
 - Teach students and staff to wash hands often with soap and water for 20 seconds, dry hands with a paper towel, and use the paper towel to turn off the faucet. If soap and water are not available and hands are not visibly dirty, an alcohol-based hand sanitizer containing at least 60% alcohol may be used.

- Include handwashing time in student schedules.
- Provide adequate supplies, including clean and functional handwashing stations, soap, paper towels, and alcohol-based hand sanitizer.
- Encourage students and staff to keep their hands away from their nose, mouth, and eyes.
- Encourage routine surface cleaning through education, policy, and the provision of supplies. See [How To Clean and Disinfect Schools To Help Slow the Spread of Flu](#).
 - Routinely clean surfaces and objects that are touched often, such as desks, countertops, doorknobs, computer keyboards, hands-on learning items, faucet handles, and phones. Empty trash cans as needed.
 - Use general cleaning products that you normally use. Always follow product label directions. Additional disinfection beyond routine cleaning is not recommended.
 - Provide adequate supplies, such as general EPA-registered cleaning products, gloves, disinfecting wipes, and no-touch trash cans.
 - Match your cleaning activities to the types of germs you want to remove or kill.
 - Flu viruses are relatively fragile, so standard practices, such as cleaning with soap and water, can help remove and kill them.
 - Studies have shown that the flu virus can live and potentially infect a person for only 2 to 8 hours after being deposited on a surface. Therefore, special sanitizing processes beyond routine cleaning, including closing schools to clean every surface in the building, are not necessary or recommended to slow the spread of flu, even during a flu outbreak.
 - Some schools may include other cleaning and disinfecting practices in their standard procedures to address germs that are not removed or killed by soap and water alone.

See [Good Health Habits for Preventing Seasonal Flu](#) and [Flyer\[1.5 MB, 2 Pages, 8½" x 11"\]](#) .

- **Educate students, parents, and staff on what to do if someone gets sick.**
 - Teach students, parents, and staff the signs and symptoms of flu, emergency warning signs, and high risk groups. See lists at the beginning of this document.
 - Those who get flu-like symptoms at school should go home and stay home until at least 24 hours after they no longer have a fever or signs of a fever without the use of fever-reducing medicine. Those who have emergency warning signs should get immediate medical care. See [The Flu: What To Do If You Get Sick](#).
 - Those who get flu-like symptoms and are at high risk of severe flu illness should ask a health care professional if they should be examined. See [People at High Risk of Developing Flu–Related Complications](#).
 - Separate sick students and staff from others until they can be picked up to go home. When feasible, identify a “sick room” through which others do not regularly pass. The sick room should be separated from areas used by well students for routine health activities, such as picking up medications. Sick room staff should be limited in number and should not be at high risk for severe illness if they get sick.
 - Encourage students, parents, and staff to take antiviral drugs if their health care professional prescribes them. See [Treatment – Antiviral Drugs](#).
 - Antiviral drugs are prescription drugs that can treat the flu. These drugs can reduce the number of days that a person is sick and also may prevent serious flu complications, but not everyone needs to be treated.

- Antiviral drugs work best when started within the first 2 days of illness, but they also may help reduce the risk of severe illness even if started 2 or more days after onset of illness for persons who are very sick.
- Although most people will recover from flu without treatment, antiviral drugs are recommended for people with flu who require treatment in the hospital; have a progressive, severe, or complicated illness; or are at high risk of severe flu because of an underlying medical condition or their age.
- **Establish relationships with state and local public health officials for ongoing communication.**
 - Follow your local flu situation through close communication with state and local health officials.
 - Update emergency plans so that they are in place before an outbreak occurs.

Footnote

Many authorities use either 100 (37.8 degrees Celsius) or 100.4 F (38.0 degrees Celsius) as a cut-off for fever, but this number actually can range depending on factors such as the method of measurement and the age of the person, so other values for fever could be appropriate. CDC has public health recommendations that are based on the presence (or absence) of fever. What is meant by this is that the person's temperature is not elevated beyond their norm.